



**CONTINUED ON BACK**

**D. LIQUID ASSETS AND ALLOWANCE:**

**E. MONTHLY INCOME AND ALLOWANCE**

1. Cash	+ \$ _____	1. Monthly income from B	+ \$ _____
2. Bank Deposits	+ \$ _____	2. Standard Allowance	+ \$ _____
3. Stocks/Bonds	+ \$ _____	3. Exceptional Allowance:	
4. Other	+ \$ _____	a. Medical Debts	+ \$ _____
5. Total Liquid Assets	= \$ _____	b. Educational/Customer	+ \$ _____
6. Standard Allowance	- \$ _____	c. Educational/Family	+ \$ _____
7. Surplus	= \$ _____	4. Total of E2 thru E3c	- \$ _____
		5. Surplus/Difference (-)	= \$ _____

**F. FINANCIAL VERIFICATION = (Check one)**

- ☐ To the best of my knowledge, this is an accurate financial statement. I understand it is my responsibility to apply for, and use, any comparable benefit for which I may be entitled and to inform DBVI within 10 days of any changes in my financial situation. I realize if I knowingly provide incorrect information, I may be subject to legal action.
- ☐ I understand, by choosing not to disclose my financial status, I am ineligible for services based on financial need.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature: Applicant, Parent, or Guardian)

\_\_\_\_\_  
(Signature of Worker Collecting Financial Data)

**G. ELIGIBILITY DETERMINATION:**

1. ☐ Yes Customer clearly financially eligible for all services (Worker signs below.)
- ☐ No Customer clearly financially ineligible for all services. (Customer and worker sign below.)

**IF D7 EQUAL ZERO AND E5 GREATER THAN ZERO, COMPLETE G4, AND G7a**  
**IF D7 AND E5 ARE GREATER THAN ZERO, COMPLETE G2, G3, G4, G5, AND G7a**  
**IF D7 GREATER THAN ZERO AND E5 ZERO OR LESS, COMPLETE G2, G3, G4, G6, AND G7a or G7b.**

2. Number of months anticipated to complete rehabilitation plan \_\_\_\_\_. (12 or less)  
G2

3. Liquid Assets and Allowance:

Line D7 \_\_\_\_\_ divided by \_\_\_\_\_ = \$ \_\_\_\_\_ monthly contribution.  
G2 G3

4. Monthly Income and Allowance:

(Enter E5 in G4 monthly contribution space) = \$ \_\_\_\_\_ monthly contribution.  
G4

5. Liquid Assets and Allowance AND Monthly Income and Allowance Exceed Zero:

Line G3 \_\_\_\_\_ plus line G4 \_\_\_\_\_ = \$ \_\_\_\_\_ monthly contribution.  
G5

6. Liquid Assets and Allowance Exceeds Zero and Monthly Income and Allowance Zero Or Less:

Line G3 \_\_\_\_\_ minus G4 \_\_\_\_\_ = ☐ \$ \_\_\_\_\_ monthly contribution.  
- ☐ Financially eligible

7. a. ☐ Now financially eligible with monthly contribution. (Customer signs below.)  
b. ☐ Now financially eligible. (Customer signature not required.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature: Customer, Parent, or Guardian)

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(Date)

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(Signature: VR Counselor/Rehabilitation Teacher/ILR)

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(Date)

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(Signature: VR Counselor/Rehabilitation Teacher/ILR)